PTO/SB/21 (09-04) MAR 1 6 2006 Approved for use through 7/31/2006 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number 10/629,516 **Application Number** TRANSMITTAL **FORM** July 29, 2003 Filing Date Arnold Horwitz First Named Inventor Art Unit 1653 Rita Mitra **Examiner Name** (to be used for all correspondence after initial filing) 11037US04/200-83.P1.C2 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Fee Attached Licensing-related Papers Appeal Communication to Board Amendment/Reply Petition of Appeals and Interferences After Final Petition to Convert to a Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **Provisional Application** Affidavits/declaration(s) Proprietary Information Power of Attorney, Revocation Extension of Time Request Change of Correspondence Status Letter Address **Express Abandonment Request** Terminal Disclaimer Return-Receipt Postcard Information Disclosure Other Enclosure(s) (please Request for Refund Statement identify below): Certified Copy of Priority CD Number of CD(s) ___ Document(s) Landscape Table on CD Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under Remarks 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Individual Name McAndrews Held & Malloy, Ltd. Michael B. Harlin 43,658 Registration No. (Attorney/Agent) Name (Print/type)

EXPRÈSS MAIL DEPOSIT

Signature

"Express Mail" mailing label number: EV726716344US

Date of Deposit March 16, 2006.

Date: March 16, 2006

Under the Paperwork Rec	duction Act of 1995	i, no persons a	are require	d to respond to a collect	tion of information u	nless it displays a	valid OMB	control number
OIPE					Complete	if Known		
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).				Application Number	Application Number 10/629,516			
MAR 1 6 2000 TRANSMITTAL for FY 2006 Company of the consolidated Appropriates Act. 2005 (H.H. 4618). FOR FY 2006 Company of the consolidated Appropriates Act. 2005 (H.H. 4618). FOR FY 2006 Company of the consolidated Appropriates Act. 2005 (H.H. 4618).				Filing Date July 29, 2003				
				First Named Inventor	led Inventor Arnold Horwitz			
				Examiner Name	Rita Mitra			
				Art Unit	1653			
TOTAL AMOUNT OF PAYMENT (\$) 125.00				Attorney Docket No.	11037US04/200-83.P1.C2			
METHOD OF PAYMENT (chec	k all that apply)							
Check Credit	Card Mon	ey Order [Non	e Dother (please	identify):			
Deposit Account ι	Deposit Account	Number: 13-	0017	Deposit Account	t Name: McAndrey	vs Held & Malloy	<u>!</u>	
For the above-identif	fied deposit acco	unt, the Direc	ctor is her	eby authorized to (ch	eck all that apply)			
Charge Fee(s) indicated below	,		Charge Fee	e(s) indicated belo	w, except for th	e filing fe	ee .
under 37 CFF	dditional fee(s) o R 1.16 and 1.17				overpayments			
WARNING: Information on the information and authorization	is form may become n on PTO-2038.	me public. Cr	edit card i	nformation should not	be included on this	form. Provide cr	edit card	
FEE CALCULATION (All t	he fees below a	re due upon	filing or	may be subject to a	surcharge.)	****		
1. BASIC FILING, SEARCI			ADOU FEE	EVANDINATION EEEC				
Application Type	FILING FEES plication Type Fee (\$) Small Entity		SEARCH FEES Small Entity Fee(\$)		EXAMINATION FEES Small Entity Fee(\$)		Fees Paid(\$)	
Utility	300	Fee(\$) 150	500	<u>Fee(\$)</u> 250	200	<u>Fee(\$)</u> 100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
	300	150	500	250	600	300		
Reissue			0	0	0	0		
Provisional 2. EXCESS CLAIM FEES	200	100	U	U	U	O	Sma	all Entity
ee Description						<u>Fe</u>	e(\$)	Fee(\$)
Each claim over 20 (including Reissues)						5	50	25
Each independent claim over 3 (including Reissues)							00	100
fultiple dependent claims					360 Multiple Dependent Claim		180	
Total Claims	al Claims Extra Claims -20 or HP x		<u>Fee(\$)</u>	Fee Paid (\$)				aims Paid (\$)
HP = highest number of		I for if greate	r than 20		-	ree	1 66 1	<u>-aiu (ψ)</u>
Indep. Claims	Extra Cl	_	Fee(\$)	Fee Paid (\$)				
-3 or		х		=				
HP = highest number of	independent cla	ims paid for,	if greater	than 3	_			
 APPLICATION SIZE FE If the specification and dra 1.52(e)), the application 41(a)(1)(G) and 37 CF 	awings exceed 1 on size fee due is	00 sheets of \$250 (\$125	paper (ex for small	cluding electronically entity) for each addition	filed sequence or onal 50 sheets or f	computer listing raction thereof.	s under 3 See 35 U	7 CFR J.S.C.
Total Sheets	Extra Sheets	<u>.</u>	Number o	f each additional 50	or fraction there	of Fee(\$)	Fee	Paid(\$)
-100		/50 _	(rou	and up to a whole num	nber) x		. =	
. OTHER FEE(S)							<u>Fee</u>	Paid(\$)
Non-English Specification							-	
Other (e.g., late filing su		tition for a On claimer (\$65		Extension of Time (\$6	60.00) and Termina	al 	1	125.00
MALITYES SY	1.	7 7	1					H
SUBMITTED BY		R H		Registration No.	43,658	Telephone	(312	2)775-8000
Signature Micha	el B. Harlin	1) // (c	are-	(Attorney/Agent)	1 40,000	Date	-	ch 16, 2006
Name (print/type) Micha	e D' USHIII					Date	1,71010	, 2000